

Document Page 1 of 1  
**United States Bankruptcy Court**  
of the  
**Northern District Of Illinois**  
**Western Division**

## Trustee's Final Report

In Re: SHAWN E. LAWSON & GLENNA K. LAWSON  
1302 EAST 4TH STREET  
STERLING, IL 61081

Case Number: 06-71158  
SSN-xxx-xx-1176 & xxx-xx-8313

Case filed on: 7/3/2006  
Plan Confirmed on: 9/22/2006

D Dismissed

Total funds received and disbursed pursuant to the plan: \$8,569.00

Detail of Disbursements below:

Claim #	Name of the Claimant	Claimed by the Creditor	Allowed by the Court	Principal Paid	Interest Paid
000	ATTORNEY GARY C FLANDERS	2,500.00	2,500.00	2,500.00	0.00
	Total Legal	2,500.00	2,500.00	2,500.00	0.00
011	NATIONWIDE CREDIT, INC.	0.00	0.00	0.00	0.00
013	PENTAGROUP FINANCIAL	0.00	0.00	0.00	0.00
016	WORLDWIDE ASSET PURCHASING	0.00	0.00	0.00	0.00
020	ENHANCED RECOVERY CORPORATION	0.00	0.00	0.00	0.00
024	DIVERSIFIED CONSULTANTS, INC.	0.00	0.00	0.00	0.00
	Total Legal	0.00	0.00	0.00	0.00
999	SHAWN E. LAWSON	0.00	0.00	92.00	0.00
	Total Debtor Refund	0.00	0.00	92.00	0.00
001	HOMEcomings FINANCIAL	62,813.23	0.00	0.00	0.00
025	HOMEcomings FINANCIAL	600.00	600.00	600.00	0.00
	Total Secured	63,413.23	600.00	600.00	0.00
002	WELLS FARGO ACCEPTANCE	0.00	0.00	0.00	0.00
003	AT&T	0.00	0.00	0.00	0.00
004	ECAST SETTLEMENT CORPORATION	7,348.22	7,348.22	1,900.70	0.00
005	CAPITAL ONE	299.89	299.89	77.57	0.00
006	CAPITAL ONE	352.41	352.41	91.15	0.00
007	CARDIOVASCULAR MEDICAL PC	0.00	0.00	0.00	0.00
008	CGH MEDICAL CENTER	0.00	0.00	0.00	0.00
009	CVM	0.00	0.00	0.00	0.00
010	DIRECTV	0.00	0.00	0.00	0.00
012	GENESIS MEDICAL CENTER	0.00	0.00	0.00	0.00
014	PORTFOLIO RECOVERY ASSOCIATES	6,708.33	6,708.33	1,735.19	0.00
015	B-LINE LLC	935.32	935.32	241.93	0.00
017	ECAST SETTLEMENT CORPORATION	363.34	363.34	93.99	0.00
018	INFECTIOUS DISEASE GENESIS MEDICAL	0.00	0.00	0.00	0.00
019	MERRICK BANK	1,005.73	1,005.73	260.14	0.00
021	PULMONARY ASSOCIATES	0.00	0.00	0.00	0.00
022	STERLING ROCK FALLS CLINIC	0.00	0.00	0.00	0.00
023	AFNI/VERIZON WIRELESS	851.47	851.47	220.24	0.00
026	QUAD CORPORATION	847.50	847.50	219.22	0.00
	Total Unsecured	18,712.21	18,712.21	4,840.13	0.00
	Grand Total:	84,625.44	21,812.21	8,032.13	0.00

Total Paid Claimant: \$8,032.13  
Trustee Allowance: \$536.87  
Percent Paid Unsecured: 25.87

Wherefore, your petitioner prays that a final Decree be entered discharging the trustee and the trustee's surety from any and all liability on account of the within proceedings, and closing the estate, and for such other relief as is just. Pursuant to FRBP, I hereby certify that the subject case has been fully administered.

Report Dated:

/s/ Lydia S. Meyer  
Lydia S. Meyer, Trustee

This is to certify that a copy of this notice has been mailed to the debtor and the debtor's attorney.

Dated at Rockford, IL on 01/23/2009

By /s/Heather M. Fagan